

**REQUEST TO APPEAR BEFORE
THE DURHAM CITY COUNCIL
AT THE WORK SESSION**

Date: 2 / 27 / 13

Council Work Session Meeting Date: 3 / 21 / 13

Name: SCOTT BARNDT

Address: 3905 PENDERGASS ST Durham, NC 27704

Email address: _____

Phone number: 919-797-5791 Fax number: _____

Organization Represented (if any): SELF

Topic: Statement of presentation you wish to make and statement of action you wish Council to take. *(Attach additional sheets if necessary)*

Solicitation / Housing

Have you communicated with the Department Director associated with this matter?

☒ Yes or ☐ No

DHA
city attorney

Presentation: Will you be presenting a power point presentation or a video? No

☐ Yes or ☐ No: *If you have a presentation, please bring your DVD or Flash Drive on the day of the Work Session and see a city staff member at the Staff's Table.*

***Please note that you are permitted 3 minutes to speak and make your presentation.**

Signature _____

This form must be returned to the Agenda Coordinator by **Monday at 5:00 pm** ten calendar days prior to the City Council Work Session meeting at which you wish to speak. Once this form is submitted, no further reminder will be given. Citizens may call the Agenda Coordinator's Office at 560-4222 to confirm receipt of this form.

Please send this form to: Agenda Coordinator
City Manager's Office
101 City Hall Plaza
Durham, North Carolina 27701
Fax # (919) 560-4949